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CONFIRMATION NO. 5254

<b>SERIAL NUMBER</b> 09/762,577	<b>FILING OR 371(c) DATE</b> 08/29/2002 <b>RULE</b>	<b>CLASS</b> 424 435	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 50059/005002
<b>APPLICANTS</b> Glenn Dranoff, Lexington, MA; Jan Schmollinger, Brookline, MA; Stephen F. Hodi, Brookline, MA; Joseph Mollick, Palo Alto, CA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US99/17738 08/06/1999 which claims benefit of 60/095,766 08/07/1998				
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials <i>ab</i>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 37	<b>TOTAL CLAIMS</b> 85 5
				<b>INDEPENDENT CLAIMS</b> 30 1
<b>ADDRESS</b> 2101				
<b>TITLE</b> Tumor antigens and uses thereof				
<b>FILING FEE RECEIVED</b> 2553	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	